Care Management Group Limited

109 Masons Hill

Inspection report

109 Masons Hill
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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This announced comprehensive inspection took place on 16 October 2018. 109 Mason Hill provides care and support to people living in a supported living setting, so they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. At the time of this inspection, the service was providing care and support to seven people.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

This is the first inspection of the home since their registration with the provider, Care Management Group.

The provider had safeguarding policies and procedures in place and staff knew of their responsibility to safeguard people in their care. Risks to people had been identified, assessed and there were management plans in place to prevent or minimise the risk occurring. There were enough staff available to support people's needs and the provider had followed safe recruitment practices. People were supported to take their medicines as prescribed by healthcare professionals and staff followed appropriate infection control practices to prevent the spread of infectious diseases. The service had effective systems in place to manage accidents and incidents and prevent repeat occurrences.

Before people started using the service their needs were assessed to ensure they could be met. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were supported to prepare and eat healthy food in sufficient amounts for their health and well-being. Where required, people were supported to access healthcare services and staff worked in partnership with other professionals to ensure people's needs were met. Staff had appropriate skill and knowledge to support people's needs because they received support through induction, training and supervisions.

People were supported by staff that were kind and caring towards them. Relatives told us they felt people were happy at the service. People and their relatives where appropriate were consulted about their care and support needs. People's privacy and dignity was respected and their independence was promoted.

People received care and support that met their needs. Each person had a care plan which provided staff with guidance on how their needs should be met. People were supported to maintain relationships with those that were important with them. People were supported to participate in activities that interested them including swimming, cycling and art sessions. Staff promoted diversity and supported people without discrimination. People's communication needs had been assessed and information was presented in formats that met their needs. The provider had a complaints policy in place and relatives told us they knew how to make a complaint. People's end of life wishes had been discussed with them, where they wished to do so, and appropriate plans had been put in place to ensure their wishes would be met.

The service had an effective system in place to monitor and assess the quality of the service and lessons learnt were used to continuously improve on the service delivery. Feedback provided by people, their relatives and staff was used to improve on the quality of service people received. The service worked well with key organisations to plan and deliver and effective service. Staff told us they were happy working at the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

The provider had safeguarding policies and procedures in place and staff knew of how to identify and report abuse.

Risks to people had been identified, assessed and there were appropriate risk management plans in place.

The service had enough staff to support people's needs and they had followed safe recruitment practices.

People's medicines were managed safely.

Staff followed safe infection control practices when supporting people.

Accidents and incidents were reported, recorded and monitored to ensure lessons learnt were used to improve the service.

Is the service effective?

Good

The service was effective.

Before people started using the service their needs were assessed to ensure they could be met.

The service worked within the principle of the Mental Capacity Act 2005 (MCA).

People were supported to eat sufficient amounts of healthy food.

People were supported to access healthcare services when required.

Staff worked in partnership with other professionals to provide joined up care.

Staff had the knowledge and skills to meet people's needs.

Is the service caring?

Good

The service was caring.

People were supported by staff that were kind and compassionate towards them.

People and their relatives had been consulted about their care and support needs.

People's privacy and dignity was respected, and their independence promoted.

Is the service responsive?

Good

The service was responsive.

People received care and support that met their needs.

People were supported to maintain relationships that were important to them.

People were supported to participate in activities that interested them.

Staff understood the Equality Act and respected people's diversities.

People were supported to engage in activities that interested them.

People were presented information in formats that met their needs.

The provider had effective systems in place to handle complaints.

People were supported to make decisions about their end of life care needs.

Is the service well-led?

Good

The service was well led.

There was a registered manager in post who understood their responsibilities and had notified CQC of significant events at the service.

There were systems in place to assess and monitor the quality of the service.

People, their relatives and staff views were sought to improve on the quality of the service.

The provider worked in partnership with key organisations to plan and deliver an effective service.

There were systems in place to continuously learn and improve the quality of the service.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection site visit took place on 16 October 2018 and was announced. We gave the service 24 hours' notice of the inspection visit because it is small and we needed to be sure that the manager would be in. This inspection was carried out by one inspector.

Prior to the inspection we reviewed information we held about the service including notifications we had received. Notifications are information about important events the provider is required to tell us about by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. Information acquired was used to help us plan our inspection.

During the inspection we spoke with one person face-to-face and two relatives on the telephone to seek their views about the service. We spent time observing how people and staff interacted. We also spoke with the registered manager, regional manager, deputy manager and two support workers. We looked at four people's care plans and five staff files. We also looked at records used in managing the service such as policies and procedures, audits, surveys and minutes of meetings. Following our inspection, we contacted the local authority that commissioned services from the provider to obtain their views about the service.

Good

Is the service safe?

Our findings

People were protected from the risk of abuse. Relatives told us their loved ones were safe and they had no concerns. The provider had safeguarding policies and procedures which provided staff guidance on abuse and processes they should follow if they had any concerns of abuse. Staff knew of their responsibility to safeguard people in their care and understood the types of abuse and the signs to look out for. They told us they would report any concerns of abuse to their manager. Staff knew about the provider's whistleblowing procedures and said they would use it to report poor practices where needed. The registered manager knew of their responsibility to report any concerns of abuse to the local authority safeguarding team and CQC; however there had not been any concerns of abuse.

Risks to people had been identified, assessed and managed to help keep them safe. Individual risk assessments were carried out for each person in areas including personal care, medicine, finance, fire safety, food preparation, choking, access to the local community and health conditions such as epilepsy. Where risk to people was identified, there were appropriate risk management plans in place which provided staff guidance on how to manage risks safely. Staff we spoke with knew of these individual risks and the support they needed to provide. Where required other healthcare professionals including GPs and speech and language therapists (SALT) were involved in assessing people and providing staff guidance on how to manage risks safely. Risk assessments were reviewed and updated to ensure people's changing needs were met.

The provider followed appropriate recruitment practices. Comprehensive checks were carried out on all staff to ensure they could work with people using social care services. Staff files contained completed application forms, which included staff educational qualifications, employment history, criminal records checks, references, health declaration, proof of identity and their right to work in the United Kingdom.

There were enough staff on duty to support people's needs. Needs assessments were regularly carried out to ensure appropriate numbers of staff were on shift to meet people needs. Records demonstrated that staffing levels were consistently maintained to meet people's assessed needs. Staff vacancies and absences were covered by internal bank staff and regular agency staff to promote consistency in people's care.

Medicines were managed safely. The provider had a medicines policy which provided guidance for staff on how to manage medicines safely. People's medicines were stored in lockable cabinets in their flats and daily temperatures were taken to ensure medicines remained effective for use. All staff who supported people with their medicines had completed medicines training and their competency had been assessed to ensure they had the knowledge and skills to support people safely. People's medicines records included a list of medicines they were taking, the dose, frequency and reasons why they were prescribed the medicines. Where people were supported to take their medicines, a medicines administration record (MAR) was completed appropriately. We checked medicines stock against information in the MARs and these matched each other. This showed that people were supported to take their medicines as prescribed by healthcare professionals. Where people were prescribed 'as required' medicines, there were guidance in place to

ensure staff knew when they could administer these medicines safely.

People were protected from the risk of infections. The provider had policies and procedures that provided guidance to staff on how to prevent or minimise the spread of infections. Staff told us they washed their hands and wore personal protective equipment such as aprons and gloves when supporting people. Both people and staff completed infection control and food hygiene training to ensure they had the appropriate knowledge and skills to prevent the spread of diseases.

The provider had systems in place to manage accidents and incidents and reduce the likelihood of them occurring. Accidents and incidents involving the safety of people were recorded, managed, monitored and acted on appropriately. Where people had behaviours that required response from staff these were monitored to identify the triggers. This information was escalated to appropriate healthcare teams both internally and with the NHS to ensure appropriate support was provided.

Good

Is the service effective?

Our findings

People's needs were assessed to ensure they could be met. Staff carried out an initial assessment for people that had been referred to the service by health and social care professionals. Initial assessments covered areas including people's mental, physical and social care needs, their personal hygiene needs, communication methods and medicine, mobility and nutritional needs. Information was gathered about people's medical conditions, activities of daily living and relationships that were important to them to ensure the service could support them meet their needs. Where required healthcare professionals such as occupational therapists (OTs) and speech and language therapists (SALT) were involved in assessing people's needs. Referral information from the local authority and information acquired during the initial assessment was used to develop people's care and risk management plans.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. When people are living in their own homes this is done via the Court of Protection.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. People's rights were protected because staff sought their consent before supporting them. A staff member commented, "People can make day-to-day decisions for themselves, we use the right communication to support them and we show them pictures they can pick from. We always ask for their consent and we give them choices."

The registered manager informed us that mental capacity assessments had not been carried out for people because people could make decisions about their daily support needs. They told us that if anyone had been assessed and found unable to make specific decisions for themselves, they would carry out best interest meetings involving the person, their relatives (where applicable) and healthcare professionals. At the time of this inspection, no-one using the service required an application to the Court of Protection to deprive them of any liberty for their own safety.

People were supported to prepare and eat healthy amounts of food for their wellbeing. Staff supported people to purchase their groceries and prepare their food. Each person had a four-weekly menu guide. Staff told us that there had been a lot of focus on healthy eating and portion sizes which had enabled some people to reduce their weight for their health and well-being. Support plans included appropriate guidance for staff on the support each person required to eat and drink safely. It also included things people could do for themselves when preparing their meals and the support staff should provide. Where people needed their food to be prepared differently due to any medical conditions this was catered for; for example, to eat less

sugar and starchy foods.

People were supported to access healthcare services. Each person using the service was registered with a GP. Records showed that people were referred to healthcare professionals promptly when this was required and they had received treatment from other healthcare professionals including opticians, dentists, psychiatrists, psychologists, chiropodists, SALTs and OTs. Where required people were supported to attend hospital appointments and they had regular health checks.

Staff worked in partnership with other health and social care professionals to ensure people's needs were met. Each person had a health passport which contained information such as their medical condition, allergies, medicines, and the way they communicated to ensure relevant information was readily available to emergency and hospital teams. On the day of our inspection, we observed coordinated care being carried out between the provider and the SALT team to support people to communicate effectively.

Staff had knowledge and skills to meet people's needs. A relative told us, "As a measure to other places my [loved one] has been, it is good and the staff do their best and they listen to me." New staff were supported through an induction programme to familiarise them with the provider's policies and procedures and they completed mandatory training, shadowed experienced staff and completed the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new care workers. All staff completed mandatory training in areas including medicines, communication, duty of care, equality and diversity, Autism, epilepsy and awareness of mental health, learning disability and dementia. This ensured that staff had appropriate knowledge and skills to support people's needs. Staff were supported with regular one-to-one supervision sessions and their performance had been appraised to ensure they had appropriate support to perform the role which they had been employed for. A staff member told us, "Training and supervision are great! I just completed an online training and I found it very useful."

Good

Is the service caring?

Our findings

People were supported by staff that were kind and caring towards them. A relative told us, "[My loved one] is very happy and I am happy for them; the staff do care and they try to encourage my [loved one]. The staff are caring and they do all they can to meet their needs." We observed staff treating people in a kind and respectful way. We noted they called people by their preferred names and people had smiles on their faces when staff interacted with them.

People and their relatives were involved in making decisions about their care and well-being. Relatives told us that they were consulted about their loved ones' care and were involved in review meetings. One relative said, "We have a meeting once a year." Another relative said, "I am involved, and we meet up regularly to draw up the plan for [my loved one] and staff keep me in the picture." Records showed that people and their relatives were consulted about the care delivery. The service had a key worker system in place where a member of staff was responsible for monitoring, supporting and reporting on a person's needs. Monthly key worker meetings were held with people to discuss things that were important to them such as their food, clothing, social activities and health appointments. Where people had made specific decisions about their day-to-day care their choices were respected by staff and we observed this at our inspection.

People's privacy and dignity was respected. During our inspection we observed staff treating people with respect. Staff told us of actions they took to promote privacy and dignity. One staff commented, "We [staff] knock on the doors, introduce ourselves and speak to them with dignity and give them a choice." Another staff said, "Each person has their individual flats and we shut their door if we are supporting them with personal care." Staff told us that information about people was kept confidential and information was shared on need to know basis. People's records were kept in a secured office to ensure only authorised staff and appropriate health and social care professionals had access to them.

People's independence was promoted. Care plans included information on activities of daily living, which were chores people completed on day-to-day basis including shopping, laundry care, cooking, personal care, eating and drinking and travelling independently. The activities of daily living had identified things people could do independently and those that people needed staff support with. For example, one person could eat and drink independently but needed support with their personal care. We observed some people being supported to cook their own food and wash their own clothes. Where people were more independent staff encouraged them to do more for themselves to promote their life skills.

People's communication needs had been assessed to ensure adequate support was in place for them. Each person had a communication passport which provided staff guidance on how to understand and support their needs. Where required, records including menus, activities planners and how to make a complaint were in easy read and pictorial formats to support people's communication needs. A staff member told us, "Some people use body language and facial expressions and we show them options available to make it easy for them to decide what they want."

Good

Is the service responsive?

Our findings

People's received care and support that met their individual needs and preferences. Each person had a support plan which covered areas such as personal hygiene, eating and drinking, activities of daily living, communication and behaviours that required a response. The support plans also included people's preferences, likes and dislikes, personal histories and people or things that were important to them. The support plans were person centred and included guidance for staff on how each person had to be supported. They were reviewed regularly to ensure people's changing needs were met. Key worker sessions were used to set goals and support people to achieve them. For example, one person's goal was to build their confidence, go out food shopping and improve on their personal hygiene. Staff we spoke with knew people well and the level of support individuals required. Daily care notes we reviewed showed people were being supported in line with the care and support that had been planned for them.

People were supported to maintain relationships that were important to them. A relative told us, "I visit [my loved one] once every week." Another relative said, "I am not able to visit like before, but they call me on the phone." People's support plans showed a list of people that were important to them. Relatives told us they could visit their loved ones without restrictions. Where possible people were supported to visit their relatives at home. Staff told us they supported people to visit or to make phone calls to their relatives. One staff said, "We promote friendship between people, sometimes we make roast dinners and watch movies together to encourage people to socialise and befriend."

People were supported to participate in activities that interested or stimulated them. One person enthusiastically showed us their Halloween decorations and sensory lights in their room. People's support plans included a list of things that made them happy such as listening to music, watching television, shopping, swimming, walks in the park, day trips, cycling and art sessions. Some people attended a day centre and one person had a paid job twice a week. A member of staff showed us photo albums they had created to support one person reminisce. People were also supported with aromatherapy to promote relaxation.

Staff understood the principles of the Equality Act regarding people's disability, gender, religion and sexual orientation and they supported people in a caring way. Some people had physical disabilities and were supported to use mobility aids that met their needs. Where people wanted to practice their faith, they were supported to attend Church on Sundays and people with no religious views were respected. A staff member told us, "We make sure people access different things including Christmas, Diwali, Halloween, Chinese New Year and we also take part in the black history month to promote awareness but we give people choice if they want to participate in these or not."

The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. People were provided information in formats that met their needs including easy read, pictures and Makaton. Makaton is the signs and symbols people with communication needs used to express themselves. The provider was also working in partnership with SALT to identify effective ways to

support people communicate effectively.

The provider had effective systems in place to handle complaints. Relatives told us they knew how to make a complaint if they were not happy with the service and felt confident any issues raised would be addressed promptly. One relative said, "I would speak to the staff but I have nothing worrying to complain about."

The service had a complaint policy and procedure which provided guidance on how to raise concerns or complaints and the timescales in which people or their relatives should expect a response. At the time of this inspection, the service had not received any written or verbal complaint but had received compliments from relatives and other professionals.

People were supported to make decisions about their end of life care needs. The service had consulted people and their relatives about their wishes for end of life care and support. Some people had completed an advanced care plan which included their preferences and the care they would like to experience. The registered manager had knowledge of end of life care and had completed training with a local hospice. The provider also had an internal palliative care team to support people and staff and to ensure people's end of life wishes were met.

Good

Is the service well-led?

Our findings

People and their relatives were complimentary of the service and told us they knew who the manager was. There was a registered manager in post who understood their responsibility in meeting the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014 and had submitted statutory notifications where required. The registered manager was supported by a regional manager and a deputy manager. At the time of this inspection, the registered manager was resigning from their post as they had taken on another role within the same organisation. A new manager was in post and was applying to CQC to become the registered manager for the service; they had experience of managing this type of service. There was an organisational structure in place and staff understood their individual responsibilities.

The registered manager and staff told us their organisational values included, respecting people, providing choice, promoting dignity and independence. Staff told us they upheld these values when supporting people and we observed them promoting people's independence at our inspection. Staff told us they had a positive organisational culture, they felt supported by their managers and enjoyed working at the service. One staff member told us, "CMG [provider's] vision is very different, they are proactive in making people more independent and focussing on people accessing the community and keeping in contact with their families."

There were systems in place to assess and monitor the quality of the service. The registered manager and deputy manager, and regional managers were responsible for undertaking daily, weekly, monthly and quarterly audits. These covered areas including infection control, health and safety, medicines, care planning, finance and policies and procedures. Where issues were identified, an action plan was developed and monitored to ensure that improvements were made. For example, an audit had identified that a finance assessment should be carried out for each person using the service to determine their knowledge and skills around managing their finances and the level of support they required from staff; this had been completed.

People, their relatives and staff views were used to develop the service. People's views were sought through weekly tenants' meetings where people discussed matters that were important to them such as the food they ate and the activities they participated in. The provider also carried out a relative's satisfactory survey in April 2018. We saw that the results were positive, and relatives were happy with the support that their loved ones received. However, where issues were identified, such as one relative identifying they did not have a copy of the service user guide, this was addressed promptly. Staff meetings were used to cascade information as well as provide staff opportunities to feedback on the service. Staff told us that their suggestions were taken seriously and acted upon to improve the service delivery.

The provider worked in partnership with key organisations including the local authority that commissioned services from them. The commissioning team had carried out monitoring checks at the service. They told us, "CMG [The provider] have been very person centred in their support and looking at other ways "thinking outside of the box" as to how they can support people… The service has improved to the benefit of the people living there since CMG took over. It is now a more person-centred service." We saw evidence during the inspection confirming that the service was working in partnership with other healthcare professionals

including opticians, occupational therapists, psychologists, psychiatrists and SALT to plan and deliver an effective service for people.

There were systems in place to continuously learn and improve on the service delivery. Staff were supported in their role through training and supervision, Accidents and incidents were reported, recorded, monitored and with appropriate actions taken to support people and prevent reoccurrence. The registered manager told us they had not experience any significant issues at the service however, they ensured that health and safety checks were carried out, people were supported with their behaviours and when required referrals were made to appropriate professionals for additional support.